## FOR INSTRUCTIONS, SEE BACK OF FORM

## DISCLOSURE SUMMARY PAGE

TA ETHICS ARD CAMPAIGN DISCLOSURE BY

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, lowa 50319 Fax: 615-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, alf 0 0 JAN 19 AM 9: 00 statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

COMMITTEE NAME (Must be same as on Statement of Organ	nization)		
Cedar Rapids Physician Hospital Organization Political Action Committee		1 1	FORM
IMPORTANT: Indicate by # type of committee you are reporting for: 2 (1) Statewards/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue			DR-2 dev. 12/2009) DISCLOSURE REPORT  Or Office Use Only Omm. #
CANDIDATE COMMITTEES ONLY: Candidate Name	Political Party (if applicable)	Lo So	agged In
Office Sought	District (if Senate or House)		udited
Late reports are subject to possible civil and criminal penalties. Pur candidate's committee, and the chairperson, for any other type of or	suant to Iowa Code sections 68B.32A(7 ommittee, is the individual responsible t	') and 68/ 'or filing ti	A.401(3), the candidate, for a mely and accurate reports.
Crain R. Schoenfeld	515   283-1801		1/15/10
SIGNATURE OF PERSON FILING REPORT	TELEPHONE		DATE SIGNED
I AM FILING A January 19, 2010	REPORT FOR (1) ELECTION /	(2)NON-I	ELECTION YEAR,
(report date)	Indicate by #	2	
CHECK IF AMENDMENT TO REPORT DATED		ocal Com	mittees, enter Date of Election
		county & Local Committees, enter County in which Election is held	
STATEMENT OF CASH ON HAND	)		
CASH ON HAND at the beginning of the reporting period. (Total committee. This amount MUST be the same as the confidence of the last reporting period or must be zero if this is fire.)	eash on hand at the end	\$	8,959.35
ADD TOTAL MONEY TAKEN IN THIS PERIOD			
Schedule A: Cash Contributions total (Attach Schedu	ule A) (*also see in-kind below)	·····	0.00
Schedule F: Loans Received total (Attach Schedule F)			0,00
Schedule H: Total Sales of Campaign Property (Atta	ch Schedule H)	•••••	0.00
(Schedule H applies to Candidates' Comm	nittees Only)	•	
	SUB-TOTAL	\$	8,959.35
SUBTRACT TOTAL MONEY SPENT THIS PERIOD			0.00
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)			0.00
Schedule F: Loan Repayments total (Attach Schedul	le F)		0.00
CASH ON HAND at the end of this reporting period (if final rep	ort balance must be zero)	\$	8,959.35
**UNPAID BILLS (From Schedule D - Attach Schedule D)		\$	0.00
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Sched	dule E)	.,\$	0,00
**OUTSTANDING LOANS (From Schedule F - Attach Schedu	le F)	\$	0,00
CONSULTANT BREAKDOWN (Schedule G Attached?)			_YE\$ ✓ NO
CANDIDATE COMMITTEES ONLY:			0.00
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Atta	ch Schedule H)	\$	0.00

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.